

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152028 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 03/21/2013 | |
| NAME OF PROVIDER OR SUPPLIER VIBRA HOSPITAL OF NORTHWESTERN INDIANA | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 9509 GEORGIA ST CROWN POINT, IN 46307 | | | |
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| S000000 | <p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00123695</p> <p>Substantiated: Deficiency cited related to the allegations.</p> <p>Date: 3/21/13</p> <p>Facility Number: 012131</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor</p> <p>QA: cloughlin 04/30/13</p> | | S000000 | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| S000930 | <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on policy and procedure review, medical record review and personnel interview, the registered nurse failed to supervise and evaluate the care planned for each patient related to lack of and/or inconsistent documentation of wound assessment/treatment and lack of updating plan of care for 1 of 5 (N1) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Policy No.: CS.WND.01.006 titled, "Wound Assessment by Staff and Wound Care Team", revised/reapproved 8/26/12, was reviewed on 3/21/13 at approximately 11:57 AM, and indicated on pg. 1, under Procedure section, point 4, "Photographs by Wound Care Nurse will be taken on initial referral and weekly thereafter...Documentation should include: Type of wound: i.e. pressure ulcer, venous/arterial, laceration, skin tear, surgical...Location; Dimension/Depth; Presence/Absence of Undermining - Sinus Tracks; Exudate;</p> | | S000930 | <p>The Chief Clinical Officer is responsible for ensuring the Registered Nurse supervises and evaluates the nursing care for each patient related to documentation of skin and/or wound assessment/treatment and updating the plan of care. The Chief Clinical Officer, in conjunction with the Director of Wound Care and Director of Clinical Education, will educate licensed nursing staff on the following policies:</p> <p>CS.WND.01.006 titled, "Wound Assessment by Staff and Wound Care Team", CS.WND.01.001 titled "Wound Management Program". The education will be completed by May 15, 2013. The Director of Wound Care or designee is responsible for the following: 1. Auditing the wound care charts for compliance with admission photograph, weekly photograph, type of wound, location, dimension/depth, presence/absence of undermining, exudate, wound base status, surrounding tissue, and evidence of infection. The documentation is to include the</p> | | 05/15/2013 | |

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| | <p>Wound Base Status; Surrounding Tissue; and Evidence of Infection.", pg. 1, "To provide clinical personnel with requirements for documentation that will...Provide a current, complete and concise description of the patient's status with minimal duplication of information."</p> <p>2. Policy No.: CS.WND.01.000 titled, "Wound Management Program", revised/reapproved 8/26/12, was reviewed on 3/21/13 at approximately 12:58 PM, and indicated on pgs. 3, 4, and 7, under:</p> <p>A. Documentation section, points 1-10, "Weekly documentation in the medical record for pressure ulcers will be done: 1. Location of wound; 2. Stage of wound; 3. Size of wound (use a measuring guide), A. Length (cm), B. Width (cm); 4. Depth of wound; 5. Undermining/Tunneling; 6. Exudates; 7. Odor; 8. Eschar/necrotic tissue; 9. Pain; 10. Periwound skin condition; and Weekly documentation in the Medical Record for non pressure related wounds will be documented using same criteria;</p> <p>B. Current Treatment section, point 2, "Medical treatments will be ordered by a physician and transcribed onto the Treatment Record. The licensed nurse will document each time the treatment is completed."</p> <p>C. Wound Patient's Bill of Rights, bulleted points, "have your wound</p> | | <p>date and time and signature of licensed staff member assessing the wound. 2. Auditing the weekly documentation for compliance with wound documentation including location of wound, stage of wound, size (using a measuring guide), length, width, depth, undermining/tunneling, exudate, odor, eschar/necrotic tissue, pain, and periwound skin condition. The documentation is to include the date, time and signature of licensed staff member assessing the wound. 3. Auditing the compliance for physician orders for wounds transcribed onto the treatment record and documentation upon completion of each treatment. 4. Auditing the compliance for completion of the Bates-Jensen Wound Assessment Tool weekly for pressure ulcers. 5. Auditing the compliance of updating the plan of care weekly to include wound care status and treatment plan. The wound care nurse will review the results of the weekly audits with the Chief Clinical Officer for presentation at the weekly wound performance improvement team meeting along with a corrective action plan for those items below the determined benchmark. The wound performance improvement team outcomes will be presented at the monthly Quality Assurance Performance Improvement Meeting, Medical Executive</p> | | | | |

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| | <p>assessed and monitored by trained healthcare personnel."</p> <p>3. Review of closed patient medical records on 3/21/13 at approximately 11:00 AM, indicated patient N1 was a 76-year-old admitted to the facility on 11/25/12 at 1600 for "respiratory management." Documentation in medical record included:</p> <p>A. per Admissions Assessment and 24 Hour Patient Care Records dated:</p> <p>a. 11/25/12 at 1600, on pg. 5, under Integumentary System/Skin, the box for rash was checked and the box for wounds was not checked.</p> <p>b. 11/26/12, under Integumentary System/Skin, the box for within normal limits was checked during the 7 am to 7 pm shift and the box for wounds was checked during the 7 pm to 7 am shift.</p> <p>B. per Admission Wound Assessment Form, lacking date and time, a sacral pressure wound is documented. It does not specify whether or not this is the coccyx wound. This form is lacking for the right trochanter wound.</p> <p>C. per Wound Documentation Records dated:</p> <p>a. 11/26/12 at 1920:</p> <p>i. coccyx wound documented.</p> | | Committee and scheduled Governing Board meetings for review. | | | | |

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| | <p>Lacking wound #, classification, stage/depth, measurements, tunneling/undermining, color, exudate, odor, and pain assessment.</p> <p>ii. right trochanter wound documented. Lacking wound #, classification, stage/depth, measurements, tunneling/undermining, color, odor, and pain assessment.</p> <p>b. 12/4/12 at 1940:</p> <p>i. coccyx lacking wound #, stage/depth, and color.</p> <p>ii. right trochanter lacking wound #, origin, classification, stage/depth, measurements, peri-wound appearance, tunneling/undermining, color, and pain assessment.</p> <p>c. 12/11/12 at 1330:</p> <p>i. coccyx lacking wound # and color.</p> <p>ii. right trochanter lacking wound #, origin, and tunneling/undermining.</p> <p>iii. right heel wound documented.</p> <p>Lacking wound #, stage/depth, color, and odor.</p> <p>iv. left heel wound documented.</p> <p>Lacking wound #, stage/depth, color, and odor.</p> <p>d. 12/18/12 at 1100:</p> <p>i. coccyx lacking wound # and color.</p> <p>ii. right trochanter lacking wound #, tunneling/undermining, and color.</p> <p>iii. right heel lacking wound #, stage/depth, and color.</p> <p>iv. left heel lacking wound #,</p> | | | | | | |

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| | <p>stage/depth, and color.</p> <p>D. per Wound Photographic Documentation Records dated:</p> <p>a. 11/26/12, coccyx and right trochanter wounds were photographed.</p> <p>b. 12/4/12, coccyx wound was photographed. Lacked a photograph for the right trochanter wound.</p> <p>c. 12/11/12, coccyx, right trochanter, right heel, and left heel wounds were photographed.</p> <p>d. 12/18/12, lacked photographs of coccyx, right trochanter, right heel, and left heel wounds.</p> <p>E. per Bates-Jensen Wound Assessment Tool dated:</p> <p>a. 11/26/12 and 12/4/12, lacking documentation of coccyx and right trochanter wound.</p> <p>b. 12/11/12 and 12/18/12, right trochanter, right heel, and left heel indicated wound regeneration on the Wound Status Continuum. Lacking for coccyx on these dates.</p> <p>F. per Wound Care Treatment Records dated:</p> <p>a. 11/25/12 at 1600, a sacrum wound documented as wound #1 and was not specified as the coccyx wound.</p> <p>b. lacking date and time, coccyx wound documented. Lacking wound #,</p> | | | | | | |

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| | <p>description of wound bed, surrounding skin, drainage, odor, and type of dressing in treatment section for length of stay.</p> <p>c. lacking date and time, right trochanter wound documented. Lacking wound #, description of wound bed, surrounding skin, drainage, odor, and type of dressing in treatment section for length of stay.</p> <p>d. lacking date and time, right heel wound documented. Lacking wound #, description of wound bed, surrounding skin, drainage, odor, and type of dressing in treatment section for length of stay.</p> <p>e. lacking date and time, left heel wound documented. Lacking wound #, description of wound bed, surrounding skin, drainage, odor, and type of dressing in treatment section for length of stay.</p> <p>G. Patient's Plan of Care for Skin Integrity dated 11/25/12, lacked weekly updates.</p> <p>4. Personnel P1 was interviewed on 3/21/13 at approximately 12:15 PM and confirmed facility policy and procedure was not followed related to:</p> <p>A. Admission Wound Assessment Forms are completed for each patient and should list each wound they have. The date and time should also be on this form. This form for patient N1 only lists a sacral pressure deep tissue injury, it is</p> | | | | | | |

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| | <p>lacking documentation of the coccyx wound. It is also lacking a date and time.</p> <p>B. photographs of wounds are to be done weekly. This was lacking for this patient. Photographs were not done for the right trochanter wound on 12-4-12 and 12-18-12, the coccyx wound on 12-18-12, and the bilateral heels on 12-18-12.</p> <p>C. the Bates-Jensen Wound Assessment Tool is to be completed weekly for each wound. This was lacking for this patient for the coccyx wound.</p> <p>D. patient's Plan of Care is to be updated weekly. This was lacking for this patient for 12-4-12, 12-11-12, and 12-18-12.</p> | | | | | | |